

PEDIATRIC EMERGENCIES - SEIZURES

1103

SEIZURES MAY HAVE MANY DIFFERENT CAUSES. SOME OF THESE CAN AND SHOULD BE ADDRESSED IN THE PREHOSPITAL SETTING. FOR EXAMPLE, HYPOGLYCEMIA OR DEHYDRATION.

Basic Life Support

1. Maintain and protect airway.
2. Suction as needed.
3. Consider nasopharyngeal airway.
4. Oxygen 15 LPM via non-rebreather mask.
5. Assist ventilations with 100% oxygen via bag valve mask if necessary to maintain oxygen saturation >95%.
6. Protect patient from injury – place on side.
7. Obtain history to help determine origin of seizure:
 - A. Febrile [refer to Ped Emergencies – Fever Protocol 1101]
 - B. Hypoglycemia: Check blood glucose if equipment is available. [Protocol 601]
 - C. Trauma: [refer to Ped Emergencies – Trauma Advanced Life Support Standing orders].
8. Call ALS backup if available.
9. Transport

Advanced Life Support

1. Consider intubation, as needed.
2. Trauma – [refer to Ped Emergencies – General Care].
3. Establish IV LR or NS, KVO.
4. Monitor vital signs, EKG and Pulse Ox.
5. Transport.
6. Contact MCP for further orders, if needed.
7. Status epileptics per MCP give:
 - A. Diazepam slow IV 0.2 mg/kg dose [maximum 5mg] or rectally 0.5 mg/kg dose [maximum 10mg] or Ativan 0.1mg/kg slow IV/IO (maximum 2 mg) or Versed 0.2mg/kg slow IV/IO (maximum 4mg).

Key Points/Considerations

Service Director Initials _____

Medical Director Initials _____

Date Approved By KBEMS _____

Page _____ of _____